UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request: 2 Serial/Patent #10/522460							
3 Please refund the following fee(s):		4 PAP NUM	ER IBER	5	DATE FILED	6 AMOUNT	
	Filing						\$
	Amendment						\$
	Extension of Time						\$
Notice of Appeal/Appeal							\$
	Petition	,					\$
	Issue						\$
	Cert of Correction/Terminal	Disc.					\$
	Maintenance			,			\$
	Assignment						\$
	Other						\$
			7 TOTAL AMOUNT OF REFUND \$				\$
		8 TO BE REFUNDED BY:					
10 REASON:		Treasury Check					
	Overpayment		Credit Deposit A/C #:				osit A/C #:
	Duplicate Payment			9			
	No Fee Due (Explanation):						
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME:					ritl:		
SIGNATURE:				Repln I	PHON	18/439/2005 F Name/ Number	KIDUELL 8929983699 *18522468 *259 40 CR
OFFICE: \$259.80 CR							
THIS SPACE RESERVED FOR FINANCE USE ONLY:							
APPRO	APPROVED: DATE:						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B